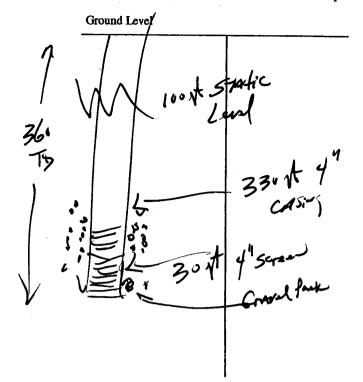
	all Donort		
	State Well Report For Office Use Only:		
	Part 1 Mississippi Department of Environmental Quality Aquifer:		
Permit #: Office of Land a	Office of Land and Water Resources RO Box 10631 Well #: F-63		
	1.0. Box 10051		
	IS 39289-0631 961-5210	L. S. Elevation:	
(601)35	4-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.			
Well Owner Information	Well	Location	
Owner Name_ every Mathis	Latitude:°'	_" Longitude:^'"	
Mailing Address: Hiway 341	Method of Lat/Long (circle or	ne): Conventional Survey,	
	USGS quad, Hand-held		
City State Zip Code	¼¼ Sec_ <b>_Z\$</b>	Twn 10 S Rng 20	
Telephone No. $(42)$ 680 - 6212	Distance Direction Miles	of	
Well I	Data		
Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other:			
Date well drilling started: _/2-26.05 Date well drilling completed: _/2-27-05			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above or below (circle one) land surface Date measured:			
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: <u>360</u> Well depth: <u>360</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement Bentonite (Mix)			
Casing length: <u>330</u> feet Casing diameter:inches Type of casing: <u>PUC</u>			
Screen length: <u>30</u> feet Screen diameter: <u>*</u> inches Type of screen: <u>Pr</u>			
Screen slot size:			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):			
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s):			
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
Leeper Drilling # 19			
Print Name of Water Well Contractor and License No.	Signature of V	Water Welf Contractor	
		RECEIVED	
JAN 2 0 2006			
		BY: OLWR	

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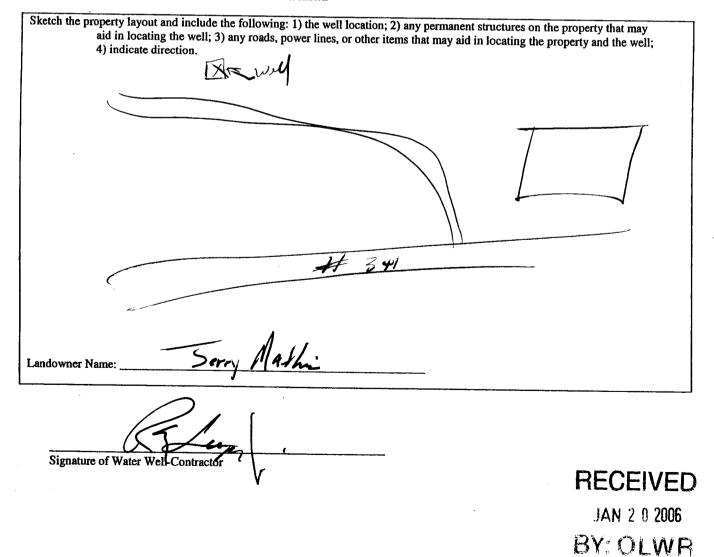
## F-63

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	То
TOP GUMBO	0	20
Blue Clay & Rock		
Blue (lay & Kock	20	220
E-marked	-	
Smind CHALK SAND	220	260
CAR	260	330
242	550	364
		<b>  </b>
		I
		<b>  </b>

If more than one screen, show location of each on sketch



STATE WELL REPORT		
Permit #: Mississippi Department Driller: Jack Date completed: 12/28/05 (6 This report should be prepared by the pump installer in	Part 2    caller's Completion Report    artment of Environmental Quality    Land and Water Resources    P.O. Box 10631    son, MS 39289-0631    (601)961-5210    01)354-6938 (fax)    a detail and filed with the Department within 30 days of the	
Installation of pump. Well Owner Information Owner Name: Well Owner Information Mailing Address: Ma / Mai Mailing Address: Historic Ma / State For Topu MS 3896 3 City State Zip Code Telephone No	Well Location    Latitude:  Longitude:    Method of Lat/Long (circle one): Conventional Survey,    USGS quad, Hand-held GPS, Survey-grade GPS   14 48cc26    Twn/os_Rng_26    Distance  Direction    Nearest Town   6 Miles52	
Pump Type Circle one    Air Lift  Jet    Submersible    Bucket  Piston    Bucket  Piston    Centrifugal  Rotary    Flowing Well    Other (specify):    Date Pump Installed:    12/24/.5    Rated Pump Capacity:    10	Power Type Circle one    Diesel Engine  Gasoline Engine  Natural Gas    Electric Motor  Hand  Tractor PTO    Windmill  Other (specify):	
Pump Test Data  Method of Measuring Water Level    Date Well Tested:  12/28/25    Static Water Level (A):  100    Feet Below Land Surface  Air Line    Pumping Water Level (B):  Feet Below Land Surface    Drawdown [(B) – (A)]:  Feet Below Land Surface    Test Pumping Rate:  Gallons Per Minute    Duration of Pump Test (minimum 4 hours):  hours		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Leeper Vrilling # 3079 Print Name of Pump Installer and Incense No. (if applicable) Signature of Pomp Installer RECEIVE		

JAN 2 0 2006 BY: OLWR